

| POSITION                         | INITIALS  | ID NO. | DATE     |
|----------------------------------|-----------|--------|----------|
| <b>FEE DETERMINATION</b>         |           |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |           |        |          |
| <b>FORMALITY REVIEW</b>          |           |        |          |
| <b>RESPONSE FORMALITY REVIEW</b> | <i>LJ</i> |        | 11-28-08 |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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